



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000040784</b> 1. Entity Name DOVE CARPETS & INTERIORS, INC.	
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Principal Place of Business 3048 3306 COLLEGE AVE. EAST RUSKIN, FL 33570	Mailing Address 3448 3306 COLLEGE AVE. EAST RUSKIN, FL 33570
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07112006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3319448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MILLER, JOAN M 13103 FAULKNER PL. RIVERVIEW, FL 33569
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Joan Miller</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE <i>7-11-06</i>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, JOAN M 13103 FAULKNER PL. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCOTT, KIMBERLY R 13106 FAULKNER PL RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAZICK, RICK S 806 PAR CT APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570290 07/14/06-80006-025 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Joan Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>7-11-06</i> 813-645-8660 Date Daytime Phone #